

02/16/2017 THU 15:58 FAX 216 445 2226 B4697

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RETURN TO WORK AUTHORIZATION

(Fitness for Duty)

Family and Medical Leave Act (FMLA) / UH Medical Leave of Absence

TO BE COMPLETED BY THE EMPLOYEE

Name (print): DEBORAH MOSS

63 SALOMON AVAIL

HICKORY, OHIO 44233

Address:

City/ State/ Zip Code

Phone#: 330 225 9597

Social Security#:

Date of Birth: 5/31/1965UH Position Title: REHABILITATION SPECIALIST- PALMA BHUManager Name (please print): KATHRYN HOLLY

To be completed by Physician/Practitioner

Reason for Leave: MEDICAL FITNESS FOR DUTYRegimen of Care: Chiropractic Therapy PRN

Discharge Date: Hospital

Office:

I saw and treated this patient on 3/22/17 and based on the above description of the patient's current medical problem: Recommend his/her return to work with no limitations on 3/22/17 He/She may return to work on / / with the following limitations (below):

CHECK ONLY AS RELATED TO ABOVE CONDITIONS

 CLASS (1) No Heavy Lifting

- Is able to bend, stoop, push, and pull.
- Only restriction is no lifting more than 50 pounds.

In a 6/12 hour day, he/she may:

(1) Only Work: hrs/day; days/wkStand/Walk: None 1-4 Hrs 4-6 Hrs 6-8 HrsSit: 1-3 Hrs 3-5 Hrs 5-8 HrsDrive: 1-3 Hrs 3-5 Hrs 5-8 Hrs CLASS (2) Light Work

(2) He/She may use hand(s) for repetitive:

- Unlimited standing or walking.
- No lifting greater than 25 pounds.
- Occasional bending or stooping.

 Single Grasping Pushing & Pulling Fine Manipulation CLASS (3) Semi-Sedentary

(3) He/She may use foot/feet for repetitive movement as in operating foot controls.

 Yes No

- Work one-half of the time sitting and one-half standing and walking.
- No lifting greater than 11-20 pounds.
- No repetitive bending or stooping.

(4) He/She may: Not at all Occasionally FrequentlyBend Twist Squat Climb Reach

OTHER INSTRUCTIONS AND/OR LIMITATIONS (Including Prescribed Medications)

 These restrictions are in effect until / / or until patient is reevaluated on / / He/She is totally incapacitated at this time. Patient will be reevaluated on / / Referred to: None PT SpecialistSignature of Physician/Practitioner: Thomas M. Ormsby, D.C.Date: 3/22/17Print Name: Thomas M. Ormsby, D.C.Field of Specialization: Chiropractic Physician Phone #: (330) 220-1611Address: 11059 Pearl RoadCity/State/Zip Code: Brunswick, OH 44212

Federal law prohibits employers from requesting genetic information. To comply with the law, do not provide us with any genetic information when responding to this request. "Genetic information" includes an individual's family medical history, results of genetic tests, information about genetic services or tests, or any other genetic information.

If employed by: UH Cleveland Medical Center/Rainbow Babies & Children's/Selman Cancer Center/UH CompCare/UH

Corporate: Please fax to Lisa Edgehouse, RN at 216-201-4096.

All other entities and community hospitals. Please fax to Karen Lindquist, RN at 216-201-4096.

FAX TO EAP 216 983 3038